

LOUISIANA DEPARTMENT OF PUBLIC SAFETY & CORRECTIONS
OFFICE OF MOTOR VEHICLES
COMMERCIAL DRIVER LICENSES

APPLICATION FOR CERTIFIED THIRD PARTY EXAMINER STATUS (\$10.00)
(RENEWAL)

1. Name: _____ Examiner Number _____.
2. Home Address: _____ City _____ Zip _____.
3. Daytime Phone # _____ Cell Phone # _____.
4. CDL License Number: _____ CDL Class _____ Expiration Date _____.
Endorsements/Restrictions _____.
5. Employer's Name: _____ Tester's Number: _____.
6. Address: _____ City _____ Zip _____.
7. Have your driving privileges been suspended/disqualified in the past year? _____ Yes _____ No.
If "Yes", list the State and reason. _____
8. Are there any pending license suspension/disqualifications? _____ Yes _____ No.
9. Have you ever been convicted of any fraudulent activities or felony? _____ Yes _____ No.
If so, when and what was the charge? _____
10. Are you thoroughly knowledgeable in CDL skills tests administration procedures, standardized instructions, and all scoring standards specified in the current CDL Examiner's Manual? _____ Yes _____ No.
11. In the past 12 months have you administered and scored all CDL skills testing strictly as defined in parts 3, 4, and 5 of the current CDL Examiner's Manual? _____ Yes _____ No
12. Do you agree to administer all CDL skills testing and scoring of observed driver behavior strictly in accordance with current CDL Examiner's Manual standards? _____ Yes _____ No.
13. Do you agree to maintain all CDL skills testing records as specified in the Third Party Tester Agreement?
_____ Yes _____ No.
14. Are there any unreported changes in your road test route? _____ Yes _____ No.
a. Attach a copy of your map(s) and 4-column route sheet(s) to this application form.

AFFIDAVIT OF THIRD PARTY EXAMINER

STATE OF LOUISIANA

PARISH OF EAST BATON ROUGE

Be it known that I _____, CDL examiner # _____, employed by _____, a certified Third Party Tester, certify that I am thoroughly knowledgeable of all parts of the CDL Examiner's Manual, all the standardized instructions, all the specific test scoring criteria, test score sheet, and examiner's responsibility. All my skills testing is administered at the approved location and scored strictly according to the written standards. I, third party examiner/agent, have reviewed the Third Party Tester Agreement entered into by my employer and the Department of Public Safety & Corrections, Office of Motor Vehicles, and agree to the terms of said agreement as it relates to my responsibility as a CDL third party examiner/agent.

I have reviewed the Third Party Tester Agreement entered into by my employer and the Department of Public Safety & Corrections, Office of Motor Vehicles, and agree to the terms of said agreement as it relates to my responsibility as a CDL third party examiner/agent

My skills test scoring procedure for the in-cab air brake check is conducted in 3 parts known as the "air brake check (1-2-3)" and all 3 parts must be performed correctly for the applicant to receive scored credit. I am aware that a driver applicant's failure to perform all of the 3 parts is an automatic failure of the vehicle pre-trip inspection test.

My Basic Controls Skills Test is described on page 4-1 in the current Essex CDL Examiner's Manual. All the maneuvers in my BCS course meet the dimensional standards as described in the Examiner's Manual on pages B1 – B4. The boundary lines for maneuvers in my BCS course are marked with traffic cones for clarity.

All the maneuvers described in the Road Test section in the Examiner's Manual are included in my CDL road test route. I have prepared a road test route map and 4-column route direction sheet meeting specifications given in figure 5-1 in the Examiner's Manual. The road test route described is followed in its entirety with every CDL driver applicant tested.

I maintain at my workplace a detailed record of every driver applicant administered a CDL skills test, whether or not the driver passed or failed the test, in accordance with paragraph 6 of the Third Party Tester Agreement entered into by my employer.

Examiner's Signature Date

Attested to by: _____
Supervisor Date

MEMORANDUM

To: Third Party Testers and Examiners

From: Clifton Langlois, CDL Consultant

Subject: Testing Schedules

Date: April 26, 2010

Companies and their examiners are required to obtain and maintain a valid e-mail account which must be checked on a regular basis for important updates to the CDL program. The use of an e-mail account will become part of your renewal application. Failure to obtain, maintain, and provide the address of an e-mail account may result in rejection of your third party tester/examiner application. Please complete the bottom portion of this form and submit it with your application.

Company name: _____

Company official

E-mail address

Examiner

E-mail address

If you have any questions, please contact a CDL consultant at (225) 223-1163 or (225) 573-5234.

Fax (225) 925-3901, Address: Attn – CDL Consultants, P.O. Box 64886, Baton Rouge, LA 70896

Louisiana Department of Public Safety and Corrections



PUBLIC SAFETY SERVICES OFFICE OF MOTOR VEHICLES

May 29, 2013

Louisiana law (RS 15:587 – Act#455) and Federal law (384.228) requires you to submit fingerprints for a background check. Please take this letter *along with the completed, attached forms* to your local law enforcement agency or to State Police Headquarters, 7919 Independence Blvd., Baton Rouge to be fingerprinted. Two separate sets of fingerprints are required.

If you are fingerprinted at State Police Headquarters, they will charge an additional \$10.00 fee (separate money order, cashier's check, or company check only) to be fingerprinted. We have no knowledge of the fee charged by other law enforcement agencies.

When completing the authorization form, clearly print your full name as the applicant, SSN, date of birth, driver's license number/state, race and sex. The position applied for is "CDL exam administer". Do not forget to sign the form.

When completing the rapsheet disclosure, make sure to clearly print your name, date of birth, race/sex, and SSN.

Any missing, illegible, or altered information will cause your application to be denied resulting in you needing to start completely over, including fees.

Mail the two sets of fingerprints, \$42.50 fee (money order, cashier's check, or company check only, made payable to LA Department of Public Safety) and the completed, above mentioned forms to:

Office of Motor Vehicles
Attention: CDL Consultant
P.O. Box 64886
Baton Rouge, LA 70896

If you have any questions, feel free to contact us.

Clifton Langlois – (225) 223-1163

Steve Franks – (225) 573-5234

"YOU DRINK & DRIVE, YOU LOSE"

P.O. BOX 64886, BATON ROUGE, LOUISIANA 70896-4886

225-925-6246 | www.expresslane.org

ATN and SID# FOR OFFICIAL USE ONLY

ATN# _____

SID# _____

APPLICANT PROCESSING – DISCLOSURE
BUREAU OF CRIMINAL IDENTIFICATION AND
INFORMATION

P.O. BOX 66614 (MAIL SLIP A-6)
BATON ROUGE, LA 70896

LSPAPP3/R09.10

Office of Motor Vehicles, Attn: CDL Consultant

AGENCY, BUSINESS OR INDIVIDUAL NAME

Interoffice Mail, CDL Division, OMV HQ

MAILING ADDRESS

Baton Rouge, LA 70806

CITY STATE ZIP CODE

NOTICE:

PLEASE PRINT OR TYPE INFORMATION,
EXCLUDING ADMINISTRATORS OR
AUTHORIZED PERSONS SIGNATURE
INCOMPLETE FORMS WILL NOT BE
PROCESSED

NAME

_____/_____/_____
DATE OF BIRTH

_____/_____
RACE/SEX

_____-_____-_____
SOCIAL SECURITY NUMBER

ALL INFORMATION RELEASED MUST REMAIN STRICTLY CONFIDENTIAL AND ONLY THOSE
AUTHORIZED BY LAW TO RECEIVE THIS INFORMATION MAY SUBMIT REQUEST.

DO NOT WRITE BELOW THIS LINE: {For Bureau of Criminal Identification and Information Use Only}

NOTICE: The response to your request for a criminal history check is based on a review of the State of Louisiana's criminal history records database as is available at the time of request. This does not preclude the possible existence of an arrest or conviction information not available in our database.

CRIMINAL HISTORY DETERMINATION:

☐ RAPSHEET ATTACHED

☐ RESPONSE BELOW

SUBMIT TO:

Louisiana State Police
Bureau of Criminal Identification and Information
P.O. Box 66614 (Mail Slip A-6)
Baton Rouge, LA 70896

THE FEE FOR PROCESSING A STATE BACKGROUND CHECK IS \$26. FOR FBI PROCESSING, WHERE AUTHORIZED OR REQUIRED, THERE IS AN ADDITIONAL \$16.50 FEE. (Cashier Check, Business Check or Money Order)

****FORMS MUST BE FILLED OUT IN INK AND BE REVIEWED BY SUBMITTING AGENCY/INDIVIDUAL FOR ACCURACY**
****FINGERPRINTS ARE NECESSARY FOR A POSITIVE IDENTIFICATION******

****PLEASE PRINT****

Office of Motor Vehicles, Attn, CDL Consultant

Clifton Langlois

AGENCY, FACILITY OR INDIVIDUAL

AGENCY, FACILITY AUTHORIZED REPRESENTATIVE OR INDIVIDUAL

Interoffice Mail, CDL Division, OMV HQ

Clifton Langlois
SIGNATURE OF AUTHORIZED REPRESENTATIVE/INDIVIDUAL

MAILING ADDRESS

Baton Rouge

LA

70806

(225) 925-4977

CITY

STATE

ZIP CODE

AGENCY, FACILITY OR INDIVIDUAL PHONE NUMBER
clifton.langlois@dps.la.gov

AGENCY OR FACILITY E-MAIL ADDRESS

Request For: (pick one only)

- ☐ ALCOHOL AND BEVERAGE COMMISSION
- ☐ ALCOHOL BEVERAGE OUTLET
- ☐ BOARD OF EXAMINERS OF PSYCHOLOGIST
- ☐ BOARD OF NURSING HOME ADMINISTRATORS
- ☐ CASA
- ☐ COURT ORDER ADOPTION
- ☐ CRIMINAL JUSTICE EMPLOYEE
- ☐ DAYCARE
- ☐ DENTISTRY BOARD
- ☐ DCFS ABUSE/NEGLECT INVESTIGATION
- ☐ DCFS CARETAKER
- ☐ DCFS FOSTER/ADOPTIVE
- ☐ DCFS PERSONNEL
- ☐ EMPLOYERS
- ☐ FIREFIGHTERS
- ☐ FIRE MARSHAL
- ☐ HEALTH CARE PROVIDER (Non Licensed)
- ☐ JUVENILE DETENTION CENTER
- ☐ LA BOARD CHIROPRACTIC EXAMINERS
- ☐ LA PHYSICAL THERAPY BOARD
- ☐ LA STATE BOARD SOCIAL WORK EXAMINERS
- ☐ MANUFACTURED HOUSING
- ☐ MEDICAL EXAMINERS
- ☐ OFFICE OF FINANCIAL INSTITUTIONS

- ☐ OFFICE OF PUBLIC HEALTH
- ☒ OMVC - COMMERCIAL DRIVING EXAM ADMINISTER
- ☐ OMVE - EMPLOYEE ISSUING COMMERCIAL DL
- ☐ OMVI - CONTRACT PROCESS INQUIRY/TRANSACTION
- ☐ OMVT - AUTO TITLE COMPANY / PUBLIC TAG AGENT
- ☐ PHARMACY BOARD
- ☐ POST SECONDARY EDUCATION
- ☐ PRACTICAL NURSING
- ☐ PRIVATE ADOPTION
- ☐ PRIVATE INVESTIGATORS
- ☐ PRIVATE SECURITY
- ☐ PUBLIC HOUSING
- ☐ REGISTERED NURSING
- ☐ RELIGIOUS ACTIVISTS
- ☐ RIGHT TO REVIEW
- ☐ RIVERBOAT PILOTS
- ☐ SCHOOL
- ☐ SUPREME COURT COMMITTEE BAR ADMISSION
- ☐ TAXI DRIVERS
- ☐ TESS WINDOW TINT
- ☐ USED MOTOR VEHICLE COMMISSION
- ☐ VENDOR
- ☐ WHOLESALE DRUG DISTRIBUTORS
- ☐ WORKING WITH CHILDREN

APPLICANTS FULL NAME:

****PRINT - USE INK****

LAST FIRST MIDDLE
{INCLUDE MAIDEN NAME & PREVIOUS MARRIED NAMES IF APPLICABLE}

APPLICANTS SIGNATURE:

APPLICANTS SOCIAL SECURITY # - - - - -

DATE OF BIRTH: / /

ID or DRIVERS LICENSE # & STATE RACE SEX

POSITION OR LICENSE APPLIED FOR

AUTHORIZATION TO DISCLOSE CRIMINAL HISTORY RECORDS INFORMATION

By my signature above, I hereby authorize the Louisiana State Police to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility with the facility or agency named above. Pursuant to Title 28, C.F.R., Section 16.34, officials making the determination of suitability for licensing or employment shall provide the opportunity to complete, or challenge the accuracy of, the information contained in the FBI identification record.

DPSSP 6696

Revised 05/2013